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FISCAL IMPACT STATEMENT

LS 7103

BILL NUMBER: SB 554

NOTE PREPARED: Feb 14, 2009

BILL AMENDED: Feb 12, 2009

SUBJECT: Breast Cancer Screening and Medicaid Eligibility.

FIRST AUTHOR: Sen. Becker

FIRST SPONSOR:

BILL STATUS: CR Adopted - 1st House

FUNDS AFFECTED: X GENERAL
DEDICATED
X FEDERAL

IMPACT: State

Summary of Legislation: (Amended) This bill adds additional providers to those who are authorized in the screening for breast or cervical cancer for individuals in determining the individual's eligibility for participation in Medicaid.

Effective Date: Upon passage; July 1, 2009.

Explanation of State Expenditures: (Revised) Currently, only women in need of treatment who are screened through the Breast and Cervical Cancer Screening Program administered by the Indiana State Department of Health (ISDH) are eligible for Medicaid. The bill requires the Office of Medicaid Policy and Planning (OMPP) to apply for a waiver for a State Plan amendment to allow Medicaid eligibility for women under the age of 65, determined to need treatment for breast or cervical cancer as a result of screening done by other providers, who have no credible health insurance, and whose family income is less than 200% of the federal poverty level. The bill provides that OMPP is required to implement the waiver or State Plan amendment not more than 60 days after filing an affidavit with the Governor attesting that the waiver or amendment is in effect.

Access to federal reimbursement through the Medicaid program will depend on federal approval of the waiver application. OMPP reported that 374 women were enrolled in the Medicaid Breast and Cervical Cancer Treatment Services program with an average cost of \$14,204 for FY 2008. The total cost for FY 2008, was \$5.3 M requiring \$1.4 M in state General Funds. Allowing additional provider's screening activities to qualify a woman for treatment provided by Medicaid may not necessarily result in an expansion of Medicaid cost. CDC screening program data indicates that in five years, 112 women were diagnosed with breast or cervical cancer through the ISDH screening program following screening examinations funded

through another source. This data indicates that the ISDH screening program may be duplicating services in order to allow otherwise qualified individuals access to Medicaid-provided treatment.

Medicaid State Plan amendments and waivers are administrative functions that may be performed within the existing level of resources available to OMPP.

Background Information-

The Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000: The Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 amended the Medicaid program to give states enhanced matching funds in order to provide Medicaid eligibility to a new group of individuals not previously eligible under the program. The Act specifies that full Medicaid benefits may be provided only to uninsured women in need of treatment, under age 65, and who are identified through the National Breast and Cervical Cancer Early Detection Program operated by the Centers for Disease Control (CDC). There are no Medicaid income or resource limitations imposed by federal law for this eligibility group.

(Revised) *Healthy Indiana Plan (HIP):* Women under the age of 65 who have no credible health insurance and whose family income is less than 200% of the federal poverty level could potentially be eligible for coverage under the HIP program.

National Breast and Cervical Cancer Early Detection Program: The Indiana State Department of Health's Breast and Cervical Cancer Program (BCCP) receives both state and federal funds. The program helps uninsured and underserved women gain access to screening services for the early detection of breast and cervical cancers. BCCP provides clinical breast examinations, mammograms, and Pap tests for eligible women, as well as diagnostic testing for women whose screening outcome is abnormal. BCCP serves between 6,000 and 7,000 women annually. Eligibility is limited to women who are at or below 200% of the federal poverty level, between 40 and 64 years of age, and uninsured or underinsured.

CDC considers a woman to have been screened under the program if she comes under any one of the following categories:

- (1) CDC Title XV funds paid for all or part of the cost of her screening services.
- (2) The woman is screened under a state BCCP in which her particular service was not paid for by Title XV funds but the service was provided by an entity funded at least in part by Title XV grant funds, the service was within the scope of the grant, and the state CDC Title XV grantee has elected to include such screening activities by that provider as screening activities under the CDC grant.
- (3) The woman is screened by any other provider or entity and the state CDC Title XV grantee has elected to include screening activities by that provider and screening activities under the CDC grant.

Explanation of State Revenues: See *Explanation of State Expenditures*. The state share of enhanced medical expenditures is approximately 26%. Enhanced medical services are matched by the federal match rate in Indiana at approximately 74%. Administrative expenditures are generally matched at 50%.

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: OMPP, Family and Services Administration.

Local Agencies Affected:

Information Sources: CMS State Health Official Letter, January 4, 2001, Breast and Cervical Cancer Prevention and Treatment Act of 2000 - *Eligibility, and National Breast and Cervical Cancer Early Detection Program Summaries - Indiana* at :
<http://www.cdc.gov/cancer/nbccedp/data/summaries/indiana.htm>

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